☐ Money loaned	Unpaid compensation for service	es performed				
☐ Personal injury/wrongful death	from to	-				
Taxes Madiana Control	(date) (dat	le)				
Other Medical Services						
2. Date debt was incurred:	3. If court judgment, date obtained	ed:				
See Attached						
4. Total Amount of Claim at Time Case Filed:	\$ 801.42					
If all or part of your claim is secured or entitled to priority, also com						
☐ Check this box if claim includes interest or other charges in addi	tion to the principal amount of the cl	aim. Attach itemized statement of all				
interest or additional charges.		<u> </u>				
5. Secured Claim.	6. Unsecured Priority Claim.					
Check this box if your claim is secured by collateral	☐ Check this box if you have an unsecured priority claim					
(including a right of setoff).	Amount entitled to priority \$					
Brief Description of Collateral:	Specify the priority of the claim:					
☐ Real Estate ☐ Motor Vehicle	☐ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's					
☐ Other						
Value of Collateral: \$	business, whichever is earlier - 11					
value of Conateral; \$	Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).					
	Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).					
	Alimony, maintenance, or support owed to a spouse, former spouse, or					
	child - 11 U.S.C. § 507(a)(7).					
Amount of arrearage and other charges at time case filed	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).					
included in secured claim, if any: \$	☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_).					
	7 . 7 . 71					
	*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter					
		on or after the date of adjustment.				
7. Credits: The amount of all payments on this claim has been	credited and deducted for the purpos	se of This Space is for Court Use Only				
making this proof of claim.		000 99 000 99				
8. Supporting Documents: Attach copies of supporting documents		hase CDC C				
orders, invoices, itemized statements of running accounts, contract		hase urity the Self-				
agreements, and evidence of perfection of lien. DO NOT SE		the				
documents are not available, explain. If the documents are volum	nous, attach a summary.	- M 6 3				
9. Date-Stamped Copy: To receive an acknowledgment of the filin	g of your claim, enclose a stamped,	self-				
addressed envelope and copy of this proof of claim.		Self- PR NET				
Date Sign and print the name and title, if any, of the cree	12 A A A A A A A A A A A A A A A A A A A					
1 0 1						
this claim (attach copy of power of attorney, if any	μ. •	2:500				
-22-99 Medical Center Physicians-Jeanie	Cronrath Lane Comes	TA 5M 5				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.						

Chapter 12 and 13 ciaims, along with any supporting must be filed in duplicate.

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